



Board of Cooperative Educational Services of Nassau County
DEPARTMENT OF HUMAN RESOURCES

HOURLY TIME SHEET

*Please complete all lines.
 Type or print in black ink.*

 Name

 Employee Number

 Location

 Budget Code

 Employee Signature Date

 Administrator's Name

 Administrator's Signature Date

 Department/Program

- Submit a form for each pay period.*
- Day 1 - 15 on the 16th of each month.
 - Day 16-31 on the last day of each month.

Effective January 1, 2018

Both Employee & Department should keep a copy of this form for their records and send the original copy to the Human Resource Department.

Select one: <input type="checkbox"/> QAST <input type="checkbox"/> Facilities - CSTEMP					
Pay Period (1 st – 15 th) Month _____ Year _____					
Date	Day of Week	Work Time .5 or 1.0	Name of Person Replaced	Sub Job # (QAST)	OT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Totals (1 st –15 th)					
Pay Period (16 th –31 st) Month _____ Year _____					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals (16 th –31 st)					